Vermont Health Care Innovation Project
DLTSS Work Group Meeting Minutes

Pending Work Group Approval

Date of meeting: Thursday, June 18, 2015, 10:00am-12:30pm, 4th Floor Conference Room, Pavilion Building, 109 State Street, Montpelier

Agenda Item	Discussion	Next Steps
1. Welcome, Approval of Minutes	Deborah Lisi-Baker called the meeting to order at 10:00am. A roll call attendance was taken and a quorum was not present. A quorum was present after the second agenda item. Deborah Lisi-Baker entertained a motion to approve the May 28, 2015, meeting minutes by exception. Sam Liss moved to approve the minutes by exception. Sue Aranoff seconded. The minutes were approved with two abstentions.	
2. Learning Collaborative Curriculum Development and Training	Deborah Lisi-Baker provided an update on work to develop a curriculum for DLTSS-specific core competency as a component of a larger care management training being developed in collaboration with the Integrated Communities Care Management Learning Collaborative. The State is in the process of developing an RFP to solicit one or more contractors to support this work. The DLTSS-specific training will draw on a series of foundational briefs on various disability competency topics drafted by Susan Besio of Pacific Health Policy Group (PHPG) earlier this spring; these were presented to the DLTSS Work Group in May. A key component of the RFP and resulting work will be to support capacity building within the state through education of local organizations and providers so that these activities can be sustained in the future. The group discussed the following: • Sustainability planning is challenging at this point – it is unclear what the landscape will look like after the grant ends. Bidders will be asked to address sustainability in their applications; however, this could also mean creating a library of resources that includes disability-related training tools or embedding trainings with other organizations in the state that provide training to providers. • This curriculum could include the transition from pediatric to adult care for people with intellectual disabilities as part of an examination of care coordination. This relates to an existing planning grant Kirsten Murphy is working on with Carl Cooley. Young adults with special health care needs and/or disabilities are	

Agenda Item	Discussion	Next Steps
	particularly at risk for uncoordinated care. Dr. Cooley has developed a set of core competencies for supporting the transition from pediatric to adult care (Deborah will share these core competencies with Susan Besio). Erin Flynn mentioned that the Integrated Communities Learning Collaborative leadership has been collaborating with a pediatric care coordination collaborative out of VCHIP, with Dr. Jill Rinehardt of Burlington serving as expert faculty. Susan Besio is retiring this month. PHPG will continue to support the DLTSS Work Group, and to work on the Disability-Specific Core Competency Briefs. Suzanne Santarcangelo of PHPG will be taking on primary support for the DLTSS Work Group, with support from Scott Whitman.	
3. LTSS Information Technology Assessment Findings Report	Beth Waldman of Bailit Health Purchasing presented findings from the LTSS Information Technology Assessment Report prepared by Elise Ames of HIS Professionals with revisions from Beth and various State of Vermont staff. Attachment 3 provides an overview of information technology (IT) capacity across various types of long-term services and supports (LTSS) providers and summarizes other findings of the report. The group discussed the following. • The numbers of total IT systems used is sometimes more than the total organizations/facilities of that type. • This report will feed into the State's Health Information Technology Strategic Plan, which is currently being updated. This document has historically underrepresented the needs of providers not eligible for federal Meaningful Use incentive payments. This plan is required by State statute, and is updated periodically; however, the State hopes for the plan to be a continually updated, living document in the future. • This report focuses on providers for whom we have less information otherwise available – we have ongoing activity to track connectivity capacity for acute providers, for example, so they are not covered here. There will be additional work in SFY 2016 to provide a detailed look at connectivity capacity across various provider types. • In most sectors, about 10% of budgets go to supportive technology. In the health care sector, approximately 1% of total spending goes to technology. In particular, we need investments in health care infrastructure geared at supporting clinical care. Health care claims, utilization, and spending data should not drive clinical decisions directly, though we need this data as well. Investments are currently very dependent on State and federal budget decisions, a concern. • Compliance with HIPAA and other information security laws and regulations is the highest priority. This is an information sharing challenge. • Current systems may not identify people with disabilities adequately in their medical records; in particular, people with developmental or disability services needs that do not meet eligibility requirements for Vermont's Medicaid waiver services may fall through the cracks. People in this situation often have poorer health and use more emergency department services. Beth noted that this is outside the scope of this report.	**Joelle Judge will send the full LTSS Information Technology Assessment Reporting to the Work Group after this meeting.**
4. SCÜP Project	Erin Flynn and Larry Sandage provided an update on the Shared Care Planning/Universal Transfer Protocol (SCÜP)	

Agenda Item	Discussion	Next Steps
Update	Project. To better understand the information that is contained within a Shared Care Plan and Universal Transfer Protocol, Erin shared a draft shared care plan being piloted in the Integrated Communities Care Management Learning Collaborative. The form includes elements such as demographic information, a person-created and -directed "About Me" section, person-directed goals and progress, negotiated actions, and more. Georgia clarified that historically, providers have struggled to share this information across a multi-organization, multi-sector care team, which is one of the key goals of this project The group discussed the following. • This project is building on work previously completed under the Universal Transfer Protocol project, as well as Shared Care Plans being developed in the Integrated Communities Care Management Learning Collaborative. Both are tools to facilitate coordination or care across multiple settings, and to facilitate communication and team based care across a multi organizational team. • The group commended the Learning Collaborative teams for creating shared care plans and identified many ways in which the example is person-centered. The group also discussed some ways that the draft care plan developed could be more responsive to the specific needs of people with disabilities, including universal design, pre-loaded goals specific to the needs of people with disabilities, and inclusion of care team members often critical to people with disabilities including personal care attendants and other residential supports. • This project includes an extensive requirements gathering phase which will investigate existing solutions and projects in process to ensure that projects are coordinated and any solution meets the needs of providers in communities across the state. • The group suggested that individual receiving care be consulted in the development of the shared care plan form to further support person-centeredness. Georgia clarified that this solution will be a provider support tool, not a tool that individuals receiving services can access or edit electronically. Erin and Susan Aranoff noted that shared care plans will be completed in collaboration with the individual receiving services and that the individual will be given the option to sign the care plan if they chose. Several group members noted that the signature of a document does not always indicate that the individual understands and supports everything in the plan, especially in the case of individuals with developmental disabilities. • Deborah asked if it would be possible to have a list of the elements of the draft form so that DLTSS Work Group members can provide suggestions on content without delaying work activities. Erin said this would be fine. A list will be created and sent to the DLTSS Work Group.	
5. Public Comment/Next Steps	There was no additional public comment. **Next Meeting:** Thursday, July 30, 2015, 10:00am-12:30pm, DVHA Large Conference Room, 312 Hurricane Lane, Williston.	